

Lip Sync Contract 2018

We are looking forward to another great year of Lip Sync!

In order to participate in Lip Sync, this form **must** be initialed and signed by **EACH** participating student's parent.

_____ I understand that my child's participation is completely voluntary. If I feel that this program may cause my child any problem or stress I can choose to not have my child participate.

_____ The rules for this program have been clearly outlined on the initial Lip Sync flyer that came home. I agree to abide by these guidelines, especially regarding practice times and locations.

_____ I understand that if I have any concerns regarding any part of Lip Sync I will **NOT** talk with Mrs. Little, but instead talk with the Lip Sync Coordinator(s).

We want this to be a positive experience for each student who participates! It is a valuable lesson to learn to work together, coordinate moves as a group, and to perform in front of others.

Please return this form to the office or your group parent representative **by Monday, May 14th**. Students who have not turned in this form will not be able to participate.

Student's Name _____

Parent Signature _____

Phone Number _____

E-mail Address _____

Parent Group Representative _____

Title of Lip Sync Song _____

Grade Level _____